MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06833

6848

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudlersville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walraven Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudlersville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) R. (Last) Dwyer
4. DATE OF DEATH: (Month) (Day) (Year) July 18, 1954
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 4, 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William England
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Frank Walraven, Sudlersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

422.1

Immediate cause (a) Acute Cardiac Dilatation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis

DUE TO

(c) General Arterial Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 0 no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 10:38 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M D Sudlersville Md 7/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/20/1954
NAME OF CEMETERY OR CREMATORY Chesterville Cem.
LOCATION (City, town, or county) (State) Chesterville, Md.
DATE REC'D BY LOCAL REGISTRAR 7-19
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 19
BUREAU V. S.

06834

MARYLAND STATE DEPARTMENT OF HEALTH

6849

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R.F.D. — LENGTH OF STAY (in this place) last few days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R.F.D.
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Hammond

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Oct 16-1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Queen Anne's Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Hammond

14. MOTHER'S MAIDEN NAME: Martha Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-16-7557

17. INFORMANT AND ADDRESS: Morris Hammond (Son) Cent. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Henry Fisher M.D. Deputy med. Exam for Q.A. Co. Md. — Centreville Md. — 7/8-54

23. BURIAL, CREMATION, REMOVAL? (Specify): Buried | DATE THEREOF: July 9, 1954 | NAME OF CEMETERY OR ~~CREMATORY~~: Chesterfield Cemetery | LOCATION (City, town, or county) (State): Centreville, Maryland

DATE REC'D BY LOCAL REG.: 7-8-54 | REGISTRAR'S SIGNATURE: Elsie Armstrong | 24. FUNERAL DIRECTOR: Barton Bros. | ADDRESS: Centreville, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06835

6850 **CERTIFICATE OF DEATH** Reg. Dist. No. 251

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ingleside X; LENGTH OF STAY (in this place) 20 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ingleside; STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Rexford (Last) Lyster

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 7/29/1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willard Lyster

14. MOTHER'S MAIDEN NAME: ? Stacks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Addie Lyster Ingleside, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Rupture DUE TO

ANTECEDENT CAUSE (B) Arterial Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Chronic Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Original Debility

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: NO O

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954, to July 6, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE C. F. Metcalfe M. D. ADDRESS Finksville Md. DATE SIGNED 7/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/8/54; NAME OF CEMETERY OR CREMATORY Hillsboro; LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 7-6; REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR ADDRESS J. E. Boulais Greensboro, Md.

RECEIVED
JUL 12 1954
BUREAU V. S.

6851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06836

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Queenstown; LENGTH OF STAY (in this place) 39 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown (Rural); STREET ADDRESS (If rural, give location) Near Wye Mills Rt. 50 + 213.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Rosielea	Miller	July	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	Oct. 30, 1914	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid	Domestic	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Eugene Wilmore	Bertie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mother - Queenstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, gall bladder — 1-2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to July 25, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Wm. Martin, Jr., MD.		Queenstown, Md.	7/25/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/28/54	Chesterfield Cem.	Centreville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-28-54	Helen M. Aldridge	James Blakefield	Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

M The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
AUG 3 1954
BUREAU V. S.

6852

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06837

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville | LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) E (Last) Roberts

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Col | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) | 8. DATE OF BIRTH: Apr 27 1910 | 9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luther Frazier | 14. MOTHER'S MAIDEN NAME: Hattie Tifford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 220-01-8500 | 17. INFORMANT AND ADDRESS: Lambert Roberts Jr Cent Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apparently Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) She was found dead in bed - She also (c) had severe attacks of asthma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. Henry Fisher M.D Deputy Med. Exam for 2d Co. Md | Centreville md | 7/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF July 31-54 | NAME OF CEMETERY OR CREMATORY Chesterfield | LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. 7/31/54 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR Edgar Lane | ADDRESS Church Hill Md

RECEIVED
AUG 3 1954
BUREAU V. S.

Item 21 Film G168A 7/23/54 ams

06838

MARYLAND STATE DEPARTMENT OF HEALTH

6853

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Love Point
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baltimore
STREET ADDRESS (If rural, give location) 3 yrs. 4

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Edward (Last) Shipley
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Specify)
8. DATE OF BIRTH: ?
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker St. Martins Camp
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jas Boyd Shipley
14. MOTHER'S MAIDEN NAME: Mary Eliz Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 219-30-0253
17. INFORMANT AND ADDRESS: Mrs Bertha Anderson (Sister) Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 **Immediate cause** (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Love Point
(CITY OR TOWN) 17 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐ 1
HOW DID INJURY OCCUR? Was swimming alone.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Harry Fisher M.D. - Deputy med. Exam for 2 A Co Md. Centreville Md 7/12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 13-54
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 7/10/54
REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Baxter Son. ADDRESS: Centreville Maryland

VS. A15A

RECEIVED
JUL 14 1954
BUREAU V. S.

6854 MARYLAND STATE DEPARTMENT OF HEALTH 06839

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester X
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lela (Middle) Ann (Last) Stallings

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: Nov. 18, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abiram Hudnall

14. MOTHER'S MAIDEN NAME: Mary Ida Edwards.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daughter - Mrs. Owens Lewis, Chester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral lobar pneumonia	3 - 5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene, left lower leg.	1 - 2 mo.
	(c)	

490X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent hospitalization & amputation, left lower leg.

19a. DATE OF OPERATION: 6/11/54

19b. MAJOR FINDINGS OF OPERATION: Gangrenous, left lower leg.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 4 30 P m., from the causes and on the date stated above.

SIGNATURE: D Wm. Martin, Jr. (Degree or title) M.D. ADDRESS: Queenstown, Md. DATE SIGNED: 7/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 23-54

NAME OF CEMETERY OR ~~CREMATORY~~: Stevensville

LOCATION (City, town, or county) (State): Stevensville Maryland

DATE REC'D BY LOCAL REG.: July 23-54

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Baxter Bros Centreville Maryland. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 29 1954
BUREAU V. S.